

Application for Federal Assistance SF-424

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

01/21/2016

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

The County of Barnstable

* b. Employer/Taxpayer Identification Number (EIN/TIN):

04-6001419

* c. Organizational DUNS:

0766124070000

d. Address:

* Street1:

3195 Main Street

Street2:

* City:

Barnstable

County/Parish:

Barnstable

* State:

MA: Massachusetts

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

02630-1105

e. Organizational Unit:

Department Name:

Health and Environment

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Mr.

* First Name:

George

Middle Name:

* Last Name:

Heufelder

Suffix:

Title:

Director

Organizational Affiliation:

County of Barnstable

* Telephone Number:

508-375-6616

Fax Number:

508-362-2603

* Email:

gheufelder@barnstablecounty.org

Application for Federal Assistance SF-424

* 9. Type of Applicant 1: Select Applicant Type:

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.129

CFDA Title:

Southeast New England Coastal Watershed Restoration

* 12. Funding Opportunity Number:

EPA-R1-SNEP-2016

* Title:

Southeast New England Program for Coastal Watershed Restoration

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

FULL SCALE ASSESSMENT OF NON-PROPRIETARY PASSIVE NITROGEN REMOVING SEPTIC SYSTEMS

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424**16. Congressional Districts Of:**

* a. Applicant MA-009

* b. Program/Project MA-009

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 07/27/2016

* b. End Date: 07/27/2020

18. Estimated Funding (\$):

* a. Federal	726,895.00
* b. Applicant	188,475.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	915,370.00

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- ☐ a. This application was made available to the State under the Executive Order 12372 Process for review on .
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☒ c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**☐ Yes ☒ No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Ms. * First Name: Bobbi

Middle Name:

* Last Name: Moritz

Suffix:

* Title: Resource Development Officer

* Telephone Number: 508-375-6873 Fax Number: 508-375-6887

* Email: bobbi.moritz@barnstablecounty.org

* Signature of Authorized Representative: Bobbi Moritz * Date Signed: 01/21/2016